Nova Scotia Health

CardioVascular HEALTH NOVA SCOTIA

Bulletin

IMPROVING CARDIOVASCULAR HEALTH OF NOVA SCOTIANS

Volume 1 **Issue 3** **February 2007**

Welcome to the Cardiovascular Health Nova Scotia (CVHNS) e-mail bulletin. The Bulletin has been created to share information about the program's activities, related cardiovascular health initiatives, and ideas from around the province. The Bulletin is published quarterly.

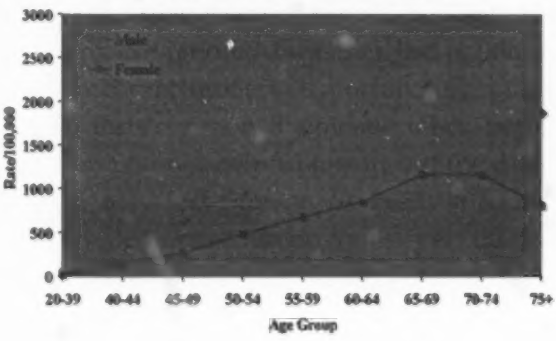
WOMEN AND CARDIOVASCULAR HEALTH

Heart disease and stroke are the leading cause of death and hospital admissions in Canadian women with the exception of childbirth. The assessment of women with cardiovascular disease continues to be a difficult issue for cardiovascular practitioners.

Women with chest pain are less likely to be treated by a cardiac specialist, less likely to go on to invasive diagnostic testing such as cardiac catheterization and less likely to undergo revascularization. Once women develop cardiovascular disease, a woman's risk of dying from cardiovascular disease is higher.

The reasons for this apparent discrimination against women are multifactorial. It is well known that women often have atypical symptoms and under report their symptoms to their physicians. There may still be a mistaken perception in the medical community and the public that heart disease is a disease of men rather than women. Thus, symptoms are ignored by either the patient or the health care practitioner. Unfortunately, many non invasive tests are non diagnostic when performed in women and not helpful to sort out the diagnosis. Women are less often referred for invasive diagnostic coronary angiograms yet do have a higher rate of normal angiograms which further leads to a misconception that women are not victims of coronary artery disease.

Cath Rate in Nova Scotia by Age and Gender, April 2005 – March 2006



With permission, from APPROACH database, Division of Cardiology

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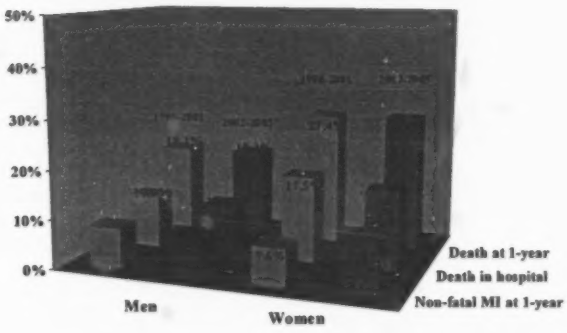
Therefore, cardiovascular healthcare professionals are left with the frustrating conundrum of the diagnosis, investigation and treatment of women with chest pain.

RECOMMENDATIONS:

When assessing female patients with chest pain, patients should be stratified into high, low and intermediate risk categories based upon the history and physical exam. Women with typical angina and multiple risk factors have a high probability of coronary artery disease and should be referred directly to a cardiac specialist for invasive investigation.

Women with atypical symptoms yet the presence of many risk factors have an intermediate probability of coronary artery disease. This obligates us to investigate them fully and aggressively to confirm or deny the diagnosis. If present, coronary disease should then be treated according to best practice guidelines.

Outcomes for Patients With AMI, by Gender, Nova Scotia



From ICONS Database, CVHNS

Female patients with atypical symptoms and little or no risk factors are unlikely to have coronary disease and should not undergo invasive or non invasive testing. The patient should be reassured and given advice on primary risk reduction and a heart healthy lifestyle.

Non invasive testing should be reserved for women with intermediate risk of coronary artery disease. It appears that dobutamine stress echo and myocardial perfusion imaging are better choices than the ECG treadmill test for women.

All Canadian women should be given advice on prevention of cardiovascular disease which includes lifestyle counseling on diet, fitness and smoking cessation. They should have early diagnosis and treatment of hypertension and diabetes.

Once women have been identified as having documented coronary artery disease, they should receive all the best evidence based medicine according to guidelines. All men and women should be aware of the risk factors and signs and symptoms of cardiovascular disease and stroke so that they may play a role in prevention and treatment of the major lead of cause of deaths in Canada.

Dr. Catherine Kells
Cardiologist, QEII Health Sciences Centre

Learning Opportunities

Upcoming Events

Atlantic Canada Cardiovascular Conference, April 20-21, 2007, Halifax, NS. http://cme.medicine.dal

CCCN Heart Transplant and LVAD Paridigm: Patient & Family Perspectives, February 28, 2007, Halifax, NS. Dugconsulting@hotmail.com.

Canadian Lipid Nurses Network Meeting, May 25-26, 2007, Moncton, NB. www.lipidnurse.ca.

Cape Breton Day in Cardiology, May 31-June 1, 2007, Sydney, NS.

10th Annual Toronto International Heart Failure Summit: From Pathophysiology to Clinical Practice, June 7-9, 2007, Toronto, ON. www.torontohfsummit.com/home/home.php

Safer HealthCare Now, Learning Series IV March 27-28, 2007, Montreal, Quebec. www.saferhealthcarenow.ca

Dysphagia Course

Dietitians of Canada offer an online course on dysphagia. This course includes the physical and neuromuscular processes of swallowing, signs and symptoms of dysphagia and means of assessment available to the team. It is suitable for registered dietitians, speech language pathologists, occupational therapists and registered nurses. *Texture-Modified Foods: A Manual for Food Production for Long Term Care Facilities* is a recommended resource. Visit www.dietitians.ca (follow links to resource centre/health professional/ educator tools / dietitians@work).

CVHNS - Monitoring & Surveillance

Provincial Stroke Audit

A provincial audit of all stroke and TIA admissions in fiscal 2004/05 has been completed. The Registry of the Canadian Stroke Network was used to collect this data and the Registry services will be used to analyze the data. Reports will be provided to DHAs as soon as available.

Disease Rates for Nova Scotia

We have completed an analysis of Acute Coronary Syndrome (ACS) and Congestive Heart Failure (CHF) rates by DHA and the province, using data from the ICONS database between 2002 and 2005. The data includes the average number of individuals admitted with ACS and CHF and the rates per 100,000 populations above the age of 20 per year and represents where people reside rather than place of admission. The numbers and rates are presented on a NS map that will be available on our website. We hope that these numbers and rates will be useful for local planning purposes.

Our website will be available over the next few weeks at
The website will offer information on program activities, provincial data and links to sites for both professional and general public use. The website will continue to grow over time. Please visit the site and provide us with feedback.

CVHNS – Working Groups

ACS Best Practices Working Group

On November 22, 2006, a Non-STEMI Acute Coronary Syndrome (NSTEACS) consensus forum was held in Halifax. A cardiologist or internist was invited from each district health authority to participate in the day. The goal was to develop recommendations for three components of management of NSTEACS namely, anti-thrombin therapy, secondary preventive therapies and risk stratification for cardiac catheterization. Background information and reading material was precirculated. The key issues were presented to the group. Consensus was achieved on several issues and advice provided regarding next steps for risk stratification. A similar forum will be held in March to achieve consensus on issues related to STEMI. The ACS Working Group aims to present the draft guidelines at the Atlantic Cardiovascular Conference in April. Please join us to provide your input into these draft guidelines.

Community Cardiovascular
Hearts in Motion

One year ago, a new Capital Health program called Community Cardiovascular Hearts in Motion (CCHIM) enrolled the first patient group. The program was made possible through the QEII Foundation with funding from Manulife Financial, AstraZeneca and Shoppers Drug Mart.

The first year involved establishing program sites, developing the program components and research tools, and creating a strong referral base with family physicians. The Dartmouth Sportsplex site opened first, with the Cobequid Community Health Centre a close second and the Shoppers Drug Mart site in Spryfield third. Over 1000 patients will be enrolled by the end of three years.

The program is twelve-weeks and consists of exercise, risk factor modification, nutrition and stress management education, with a home exercise/nutrition component. The multidisciplinary team consists of a dietitian, physiotherapists and nurses. A pharmacist will soon join the team, as well. Patients return at 6 and 12 months.

The program is open to patients with established, as well as those at high-risk of developing, vascular disease (CAD, PVD, CVD). A database has been established to capture demographic information and outcome measures including changes in health behavior stages and confidence measures.

The program is dynamic and adapts to the diversity of its population. Keeping the program in the community means the team travels from site to site and all tests and follow-up programs are offered locally. The value of this multidisciplinary, multi-vascular and multi-site community program is already apparent. It is a model that lends to improved access, reduction in vascular risk factors, and evidence for sustainability and future expansion.

The team's passion for active, healthy lifestyles is contagious and patient feedback to date has been great. As one recent graduate exclaimed in a card, "Thank you for giving me my life back!!"

Please call Wanda Firth at 473-3744 if you would like more information or referral forms.

Helpful Resources

Erratum Notice: 2006 Dyslipidemia Guidelines

The guidelines referred to in our November 2006 issue have posted the following notice: "The abstract and table of contents should have stated that the modified intervention point for low-risk individuals is LDL-C of 5.0 mmol/L or a total cholesterol to high-density lipoprotein cholesterol ratio of 6.0."

Additional CCS Heart Failure Guidelines 2007

New recommendations and practical tips have been written for the prevention of heart failure, the management of heart failure during inter-current illness, the treatment of acute heart failure, and the role of biomarkers in heart failure care. For more information visit http://hfcc.ccs.ca/whatsnew/index.aspx.

Wait time Benchmarks

Visit to access the following report by the Access to Care Working Group of the Canadian Cardiovascular Society on line: *Universal Access, but When? Treating the Right Patient at the Right Time. Wait time benchmarks for cardiovascular services and procedures, 2006*

Professional Practice Groups

Joining a professional practice group is an ideal way to assist health professionals in networking with others who have similar practices. Dietitians and nurses in Canada have cardiovascular health networks with a national focus that aims to connect health professionals across the country with common interests.

Dietitians of Canada:

- Nutrition and diabetes, obesity, and cardiovascular health. Contact rosellemartino@sympatico.ca.
- Dysphagia Assessment and treatment Network Contact: jhelps@wrha.mb.ca.
- Gerontology Network Contact c_vgright@hotmail.com .

Canadian Council of Cardiovascular Nurses:

- In Nova Scotia contact Laurie King at laurie.king@cdha.nshealth.ca.

2007 Canadian Recommendations for the Management of Hypertension

CHEP has released the following updates regarding hypertension:

- Almost one half of those with a blood pressure of 130-139/85-89 will develop hypertension within two years. They require annual reassessment.
- Annual follow up of patients with high normal blood pressure is recommended.
- Up to 17% of hypertension can be attributed to high sodium diets. Reduce sodium intake to <100 mmol in normotensive patients to prevent hypertension.

Slide kits available at www.hypertension.ca.

Sodium and Hypertension

CHEP guidelines recommend sodium be restricted to <100 mmol (2300 mg) in normotensive patients to prevent hypertension. One teaspoon of salt contains 2000 mg of sodium. Many processed foods are laden with sodium. Encourage patients to read food labels; foods are low in sodium if they contain <5% DV (daily value) of sodium. Health Canada's booklet, Nutrient Value of Some Common Foods, provides the sodium content of over 900 foods. It is available on the web at http://publications.gc.ca or can be ordered by phone at 1-800-635-7943. Patients may also enjoy learning more about label reading at www.healthyeatingisinstore.ca or having their daily food intake analyzed (including sodium content) by visiting www.dietitians.ca and clicking on EATtracker.

Innovative Ideas

Patient Education Tool

The South West Health Stroke Program is finalizing a patient health booklet to assist patients in managing their health care. The booklet discusses risk factors, target blood pressure, cholesterol, etc. There are sections to record medical history, medications, blood glucose and blood pressure. For information, contact the Stroke Program at 742-3542 ext 460.

Cardiac Care Consultation Wait Time Initiative

Wait time information is increasingly viewed as essential to the performance of a high quality health care system and good patient outcomes. The Department of Health (DoH) has been working with various medical and surgical specialties throughout the province to capture wait times for referrals from general physicians to specialists. The project was first piloted in 2004 with five specialties, including cardiology. Physicians were asked to voluntarily submit wait time data while being remunerated for their efforts. Nova Scotia is setting the example for many other provinces by collecting data on access to specialists who see cardiac patients. Collecting wait time data allows physicians, departments, and the province the ability to better plan for the future, resulting in better access and quality of care for patients and better clinical satisfaction for physicians. Decisions can be evidence-based rather than based on anecdotes.

Currently, nine of twenty-one cardiac care specialists are voluntarily participating in the DoH's wait time data initiative. These physicians and their staff are committed to providing valuable information that could make a difference for cardiac care in Nova Scotia. Wait times for consultations with cardiac care specialists practicing at the QEII are being captured and reported on the Department of Medicine website. If all cardiac care specialists participated in the wait time initiative, the province would have access to wait time data needed to address cardiac care wait times and improve access for Nova Scotians. If you have not already, please consider participating in this important initiative! Contact Melissa Williment at willimme@gov.ns.ca or 424-7406.

Move More is an 8 week introduction to the theory and practice of activity tailored to adults aged 18 and older who are beginners and those who haven't been active for some time. Each session is 1-2 hours long and provides information about physical activity, goal setting and motivation, barriers to physical activity and solutions, stress and self-esteem and developing a personal action plan.

The program is led by Heart and Stroke Foundation of Nova Scotia in partnership with the Nova Scotia Department of Health Promotion and Protection, and Recreation Nova Scotia. Contact Fran Dunn at (902) 423-7682 ext. 316 or e-mail fdunn@heartandstroke.ns.ca, for more information or to become a program leader.

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